Policy No. <u>AA009</u> Effective 14 <u>Oct.</u> 2005 Supercedes <u>Pre-existing Policy</u> Page <u>11</u> of 13

Academic Policies & Procedures

APPENDIX A

SHTM ACADEMIC DISHONESTY INCIDENT REPORT PROGRAM RESOLUTION FORM

PROGRAM:
ACCUSED:
CHARGES BROUGHT FORTH BY:
DATE OF ALLEGED EVENT:
DESCRIPTION OF ALLEGED EVENT:
CHAIR OF ACADEMIC STANDING COMMITTEE NOTIFIED: (As soon as possible after alleged event) Date of notification:
DATE OF RESOLUTION:
DESCRIPTION OF RESOLUTION PROCESS:
OUTCOME OF RESOLUTION PROCESS:
SUPPORTIVE DOCUMENTATION, INCLUDING SEPARATE STATEMENTS FROM ACCUSER AND ACCUSED REGARDING THE INCIDENT, ATTACHED:
PENALTY:

School of Health Technology and Management Health Sciences Center State University of New York Stony Brook, New York 11794-8200 Policy No. <u>AA009</u> Effective 14<u>Oct, 2005</u> Supercedes <u>Pre-existing Policy</u> Page 12 of 13

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SIGNATURE PAGE

TO THE ACCUSED: I have been notified of the accusation, and have been referred to the policies and procedures for academic dishonesty which is a part of my student handbook. I have been informed of my right to consult the dean of academic and student affairs on matters pertaining to policy and procedure on academic dishonesty. I have been presented with the opportunity to admit the allegation and accept the penalty recommended by the program. I have also been advised of my right to appeal this allegation and/or penalty to the SHTM academic standing committee.

I have been given a time period of five business days to consider either resolution within the program or adjudication by the SHTM academic standing committee.

1 6 3	C
Signed:	Date:
TO THE ACCUSED: I have been notified committed the act of academic dishonesty	
Signed:	Date:
	OR
	d of the accusation, and deny that I have, and request that the allegation be brought tee:
Signed:	Date:
TO THE ACCUSED: I have been advised will comply, with the penalty:	l of the penalty, and am in full agreement, and
Signed:	Date:
	OR
·	penalty, and do not accept the penalty, and e brought forward to the academic standing
Signed:	Date:

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TO THE FACULTY OR STUDENT ACCUS and/or process as appropriate, and am in fu	Il agreement with the penalty:		
Signed:	Date:		
	OR		
I am not in agreement with the penalty and request that the matter be brought forward to the academic standing committee:			
Signed:	Date:		
TO THE CHAIR OF THE ACADEMIC STA program resolution process, and found it to procedures governing academic dishonesty	*		
Signed:	Date:		